

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L1	224	705/8.cor.	USPAT	OR	OFF	2005/05/27 10:54
L2	20	705/8.cor. and (appointment or schedul\$) and (health\$ or hospital or doctor or clinic or patient or nurse)	USPAT	OR	OFF	2005/05/27 11:00
L3	14	("5692125" "5997476" "5740800" "5758095" "5842976" "5960406" "6029138" "6275150" "6757898" "5974389" "6081786" "5471382" "5666492" "5929851").pn.	USPAT	OR	OFF	2005/05/27 11:02
L4	1	"20030110059"	US-PGPUB	OR	OFF	2005/05/27 11:02
L5	1	"20020062229"	US-PGPUB	OR	OFF	2005/05/27 11:02
L6	1	"20020188478"	US-PGPUB	OR	OFF	2005/05/27 11:03
L7	1	"20030061072"	US-PGPUB	OR	OFF	2005/05/27 11:03
L14	22	self adj schedul\$	EPO; JPO; DERWENT	OR	OFF	2005/05/27 11:07
S1	4	("6283761" "6345260" "5911687" "5995938").pn.	USPAT	OR	OFF	2005/05/27 10:54
S2	144	rules and appointment and (medical or doctor or hospital or patient or copay) and schedul\$	USPAT	OR	ON	2005/04/20 14:55
S3	129	S2 and (verified or verify or approv\$ or accept\$)	USPAT	OR	ON	2005/03/18 09:34
S4	13	("4817018" "4819191" "5050077" "5124912" "5197000" "5301105" "5748907" "5764923" "5778346" "5848395" "5867822" "5899979").PN. OR ("6345260").URPN.	US-PGPUB; USPAT; USOCR	OR	OFF	2005/03/18 09:41
S5	11	("5974389" "6081786" "5740800" "5758095" "5842976" "5960406" "6029138" "6275150" "6757898" "5692125" "5997476").pn.	USPAT	OR	OFF	2005/03/23 15:05
S6	9	S5 and (schedul\$ or appointment)	USPAT	OR	OFF	2005/03/23 15:06
S7	54	(patient or insurance or referral or provider of history or copay) with (schedul\$ near appointment)	USPAT	OR	OFF	2005/04/01 14:33
S8	86	self adj schedul\$	USPAT	OR	OFF	2005/05/27 11:07
S9	6	S8 and (medical or doctor or patient)	USPAT	OR	OFF	2005/04/01 14:56
S10	129	authoriz\$ and appointment and (medical or doctor or hospital or patient or copay) and schedul\$	USPAT	OR	ON	2005/04/01 15:01
S11	2	authoriz\$ with appointment with (medical or doctor or hospital or patient or copay) with schedul\$	USPAT	OR	ON	2005/04/04 09:40
S12	0	appointment near rule	USPAT	OR	OFF	2005/04/04 09:32

S13	0	appointment near rules	USPAT	OR	OFF	2005/04/04 09:32
S14	(4)	(authoriz\$ or verif\$) with appointment with (medical or doctor or hospital or patient or copay) with schedul\$	USPAT	OR	ON	2005/04/04 09:40
S15	(86)	self adj schedul\$	USPAT	OR	OFF	2005/04/20 14:52
S16	(42)	S15 and (authoriz\$ or check or validat\$)	USPAT	OR	OFF	2005/04/20 14:54
S17	336	(authoriz\$ or check or validat\$) and appointment and (medical or doctor or hospital or patient or copay) and schedul\$	USPAT	OR	ON	2005/04/20 14:55
S18	(7)	(authoriz\$ or check or validat\$) with appointment with (medical or doctor or hospital or patient or copay) with schedul\$	USPAT	OR	ON	2005/04/20 15:34
S19	(12)	("5471382" "5666492" "5929851" "5974389" "6081786" "5740800" "5758095" "5842976" "5960406" "6029138" "6275150" "6757898").pn.	USPAT	OR	ON	2005/04/20 15:35
S20	(67)	schedul\$ and (hierarch\$ near rule\$)	USPAT	OR	OFF	2005/05/26 14:20
S21	0	schedul\$ with (hierarch\$ near rule\$)	USPAT	OR	OFF	2005/05/26 14:19
S22	(67)	(schedul\$ or appointment) and (hierarch\$ near rule\$)	USPAT	OR	OFF	2005/05/26 14:20
S23	(4)	(schedul\$ and appointment) and (hierarch\$ near rule\$)	USPAT	OR	OFF	2005/05/26 14:20

JS 5-27-05

Ref	Items	Index-term
E1	2	AU=RANA, PRADUMNA B
E2	8	AU=RANA, PRADUMNA B.
E3	0	*AU=RANA, S
E4	1	AU=RANA, S P
E5	6	AU=RANA, S. P.
E6	2	AU=RANA, S.P.
E7	1	AU=RANA, S.V.S.
E8	1	AU=RANA, T M
E9	1	AU=RANA, VIRENDRA
E10	3	AU=RANA, ZARAR
E11	1	AU=RANAAN, J.
E12	1	AU=RANAAN, JOSEPH

Enter P or PAGE for more

?

JS-5-27-05

Ref	Items	Index-term
E1	1	AU=DVORAK, BRUCE I
E2	1	AU=DVORAK, BRUCE I.
E3	0	*AU=DVORAK, C
E4	1	AU=DVORAK, CARRIE
E5	2	AU=DVORAK, CHARLES
E6	5	AU=DVORAK, D.F.
E7	1	AU=DVORAK, DANIEL
E8	8	AU=DVORAK, DONALD F.
E9	8	AU=DVORAK, J.
E10	44	AU=DVORAK, J.C.
E11	1	AU=DVORAK, JEFFREY A.
E12	1	AU=DVORAK, JOAN

Enter P or PAGE for more

?

85-25-05

Set	Items	Description
S1	0	AU=DVORAK, C
S2	36	(MEDICAL OR HEALTHCARE OR DOCTOR OR CLINIC OR PATIENT OR H- OSPITAL) (S) (SCHEDUL?) (S) APPOINTMENT (S) RULE?
S3	11	S2 NOT PY>2000
S4	11	RD S3 (unique items)
?		

JS-29-05

T S4/3,K/ALL

4/3,K/1 (Item 1 from file: 15)

DIALOG(R)File 15:ABI/Inform(R)

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02261290 8965269

Doonesbury's right: We can stay on schedule

Roy, Patricia J

Medical Economics v72n22 PP: 76 Nov 27, 1995

ISSN: 0025-7206 JRNL CODE: MDE

ABSTRACT: In response to a Garry Trudeau cartoon in which a disgruntled **patient** complained about the time she had spent waiting for a **doctor**, a physician notes that a **doctor** can keep a **schedule** if it is planned carefully, leaving time for sick patients. Some suggestions for keeping a ...

...the day on time. 2. Give oneself an incentive to keep up. 3. Tailor the **appointment** to the problem. 4. Know thy **patient**. 5. Make patients play by the **rules**. 6. Keep staff happy. 7. Do not take on more patients than can be handled.

4/3,K/2 (Item 2 from file: 15)

DIALOG(R)File 15:ABI/Inform(R)

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01896092 05-47084

Double blind lawmaking and other comments on formalism in the tax law

Levmore, Saul

University of Chicago Law Review v66n3 PP: 915-921 Summer 1999

ISSN: 0041-9494 JRNL CODE: UCL

WORD COUNT: 2745

...TEXT: of delay, the airline would roll up a spare aircraft or would avoid delay by **scheduling** flights with unusually large margins of safety in terms of turnaround time. At present, no...

...would pay for it-and there is certainly no reason to think that the default **rule** in contracts should amount to an assumption that passengers value their time exactly as the...

...passengers' timely presence. There may of course be some gain in arguing for such a **rule**. A **doctor** who announces that a missed ☐appointment☐ will cost the **patient** one hundred dollars might be amused or fooled into thinking it only fair or legal to refund that amount to the **patient** if the **doctor** is called elsewhere and does not materialize as promised. But most contracting parties recognize that unilaterally fashioned **rules** are just that. One-way **rules** are not normally suspect, and may not even be surprising.

Similarly, some taxpayers might well...

4/3,K/3 (Item 3 from file: 15)

DIALOG(R)File 15:ABI/Inform(R)

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01747799 03-98789

Block appointment systems for outpatient clinics with multiple doctors

Liu, L; Liu, X

Journal of the Operational Research Society v49n12 PP: 1254-1259 Dec 1998

ISSN: 0160-5682 JRNL CODE: OQT

ABSTRACT: Studies of **appointment** systems have to some extent led to a wide acceptance of individual or block **appointment** schemes in private practice and outpatient clinics. Most of the studies assume there is one punctual **doctor** in a **clinic** , which is often not the case in reality. Motivated by observations of actual **clinic** operations, a block **appointment** system is developed for **clinic** operations with multiple random arriving doctors. Through extensive simulation studies, properties shared by the best **appointment** **schedules** are identified. With these properties a scheme is designed based on simulation search that provides the optimal **schedule** for a given **scheduling** environment in an acceptable computation time. A simple (suboptimal) **appointment** **rule** is also proposed. ...

4/3,K/4 (Item 4 from file: 15)

DIALOG(R)File 15:ABI/Inform(R)

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01276648 99-26044

The engine of choice

Beckham, J Daniel

Healthcare Forum Journal v39n4 PP: 58-64 Jul/Aug 1996

ISSN: 0899-9287 JRNL CODE: HPF

WORD COUNT: 3730

...TEXT: these QualMed nurses will not hesitate to bypass a primary-care physician and direct a **patient** directly to a specialist, **scheduling** the **appointment** while the **patient** is on the line. The nurse will be linked not only to clinical pathways designed...

...the HMO's complete provider database. And QualMed providers will be granted access to the **patient** 's complete **medical** record (presumably on the condition they play by QualMed's **rules**).

Oxford Health Plan, Darien, Connecticut, is continuing to develop a similar system. In addition to...

4/3,K/5 (Item 5 from file: 15)

DIALOG(R)File 15:ABI/Inform(R)

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01077367 97-26761

Introducing variable-interval appointment scheduling rules in service systems

Ho, Chrwan-jyh; Lau, Hon-Shiang; Li, Jing

International Journal of Operations & Production Management v15n6 PP: 59-68 1995

ISSN: 0144-3577 JRNL CODE: IJO

WORD COUNT: 3486

...TEXT: the conflicting needs of minimizing patients' and facility's idle time.

In contrast to individual **appointment** **rules** , White and Pike[8] and Soriano [9], among others, have studied "block **appointment** **rules** ", which divide the session into m "blocks" and **schedule** $n = N/m$ patients to arrive at the beginning of each block. Soriano[9] derived...

...cost functions for the cases of $n = 1$ and 2 and recommended that patients be **scheduled** in blocks of two. White and Pike[8] arrived at a similar conclusion using simulation, but they also considered the effect of

patients' and **medical** personnel's punctuality. Fries and Marathe[10] considered a more sophisticated block **appointment** rule in which the number of patients $n_{sub j}$ **scheduled** to arrive at the beginning of each block j need not be a constant for...

4/3,K/6 (Item 6 from file: 15)

DIALOG(R)File 15:ABI/Inform(R)

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00660465 93-09686

Minimizing total cost in scheduling outpatient appointments

Ho, Chwan-Jyh; Lau, Hon-Shiang

Management Science v38n12 PP: 1750-1764 Dec 1992

ISSN: 0025-1909 JRNL CODE: MCI

(ABS only)

ABSTRACT: Various **rules** for **scheduling** appointments for ☐medical ☐clinic outpatients are considered and their ability to minimize a weighted sum of **medical** personnel's and patients' idle-time costs is investigated. It is shown that the idle times incurred by any given **rule** are affected by 3 environmental factors: 1. the probability of no-show, 2. the coefficient...

...of service times, and 3. the number of patients per clinical session. Theoretically, an appropriate **scheduling** rule can be identified only if the values of these parameters are known, along with the ratio between the **medical** personnels' and patients' idle-time costs. Under environments characterized by 27 combinations of the 3 factors, the performance of 9 **scheduling** rules are evaluated using simulation. A simple procedure for identifying the best **scheduling** rule for given environmental-parameter values is presented. The simple Bailey-Welch individual- **appointment** rules are shown to be suprisingly robust. ...

4/3,K/7 (Item 7 from file: 15)

DIALOG(R)File 15:ABI/Inform(R)

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00009617 73-04194

A SYSTEMS ANALYSIS OF A UNIVERSITY-HEALTH-SERVICE OUTPATIENT CLINIC

RISING, EDWARD J.; ET AL.

OPERATIONS RESEARCH V21 N5 PP: 1030-1047 SEPT/ OCT 73

ISSN: 0030-364X JRNL CODE: OPR

...**ABSTRACT:** USE OF MATHEMATICAL-COMPUTER MODELS IN DEVELOPING OPERATING POLICIES FOR A UNIVERSITY-HEALTH SERVICE OUTPATIENT CLINIC . BASED ON RESULTS PREDICTED BY THE MODELS, ACTUAL POLICY CHANGES WERE MADE IN THE SYSTEM...

...WERE REALIZED IN THE CHANGED SYSTEM. AN ANALYSIS OF DAILY ARRIVAL PATTERNS WERE USED TO **SCHEDULE** MORE **APPOINTMENT** PATIENTS DURING PERIODS OF LOW WALK-IN DEMAND IN ORDER TO SMOOTH THE OVERALL DAILY ARRIVALS. A MONTE CARLO SIMULATION MODEL SHOWED THE EFFECTS OF ALTERNATIVE DECISION **RULES** FOR **SCHEDULING** **APPOINTMENT** PERIODS DURING THE DAY TO INCREASE **PATIENT** THROUGHPUT AND PHYSICIAN UTILIZATION.

4/3,K/8 (Item 1 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB

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08934444 SUPPLIER NUMBER: 18603955 (USE FORMAT 7 OR 9 FOR FULL TEXT)

How health plans are moving toward integration.
Medical Economics, v73, n13, p149(3)

July 15, 1996

ISSN: 0025-7206

LANGUAGE: English

RECORD TYPE: Fulltext; Abstract

WORD COUNT: 1611

LINE COUNT: 00134

... of alcoholism. "The literature shows that alcoholism permeates the typical primary-care practitioner's daily **appointment schedule**," she says. "To adequately manage a **patient**'s blood pressure, sleep disturbance, or peptic ulcer, the **doctor** needs to **rule** out or address the underlying alcoholism. Sure, FPs are busy. But one reason for this may be that the **medical** problems associated with alcoholism get worse if the underlying disease isn't attended to."

Currently...

4/3,K/9 (Item 2 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB

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08883380

SUPPLIER NUMBER: 18592743

Scheduling outpatient appointments in a dynamic environment.

Klassen, Kenneth J.; Rohleder, Thomas R.

Journal of Operations Management, v14, n2, p83(19)

June, 1996

ISSN: 0272-6963

LANGUAGE: English

RECORD TYPE: Abstract

ABSTRACT: A study was conducted to compare the different client **scheduling rules** of **medical** service provider to minimize the waiting time of clients and the idle time of the service provider. A simulation model of a dynamic **medical** outpatient environment was structured using information collected through interviews and previous research. It was discovered that the 'best' decisions are based on the goals of the **clinic** and its environment. Nevertheless, good or best results can be achieved if clients having significant service time standard deviations are **scheduled** toward the end of the **appointment schedule**.

4/3,K/10 (Item 3 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB

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06518275

SUPPLIER NUMBER: 13986812

(USE FORMAT 7 OR 9 FOR FULL TEXT)

My new appointment policy gave me back my practice.

Buchholz, Carole

Medical Economics, v70, n11, p177(3)

June 14, 1993

ISSN: 0025-7206

LANGUAGE: ENGLISH

RECORD TYPE: FULLTEXT; ABSTRACT

WORD COUNT: 1077

LINE COUNT: 00080

ABSTRACT: Physicians can maintain **patient** control by establishing **appointment rules** for their practices. Patients must have **scheduled** appointments, for instance, instead of dropping in whenever it is convenient. Appointments for school-aged...

4/3,K/11 (Item 4 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB

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06157497

SUPPLIER NUMBER: 12756565

(USE FORMAT 7 OR 9 FOR FULL TEXT)

What I've learned from kids (and other patients).

Matteson, A. Reese

Medical Economics, v69, n17, p216(3)

Sept 7, 1992

ISSN: 0025-7206

LANGUAGE: ENGLISH

RECORD TYPE: FULLTEXT; ABSTRACT

WORD COUNT: 1613 LINE COUNT: 00115

... appointment for the next day.

In general, our policy is that the first time a **patient** walks in unscheduled, my front-desk staff will try to work him in, but also...

...that we're usually booked and normally can't do this. The second time the **patient** comes in without an **appointment**, we won't see him, even if there's room on the **schedule**. The **patient** may be upset, but not nearly as upset as he'd be if we let him drop in three or four times, then abruptly change the **rules** and refuse. Once a **patient** gets used to coming in without an **appointment**, he'll consider himself special and never go through the **scheduling** desk again. Of course, there are real emergencies, and these patients we see without an **appointment** -but we're the ones who decide whether it's an emergency.

Professional manners. It...

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